Effective October 1, 2000 09820335												
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RAT	RATE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			∬ minus 20=		•-0		X\$ 9	)=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		- 2		X40	X40=		OR	X80=	160
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+135				+270=	700
• If	the difference	in column 1 is	ess than zero, enter		"0" in column 2		L	TOTAL		OR	TOTAL	
	_	101/	~_	L		OTHER	THAN					
2.	23-05	(Column 1)		(Colu		(Column 3)	SMA	LL 1	ENTITY	OR	SMALL	
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT	RATE			RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	• 3	Minus	. (	20	=//	X\$ 9	)=		OR	X\$18=	
	Independent	• /	Minus			= /	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135	<u></u>		OR	+270=	
							TO	TAL			TOTAL	·
		(Column 1)		/Colu	0	(Column 9)	ADDIT.	FEE	L	OR	ADDIT. FEE	<u> </u>
AMENDMENT B	CLAIMS			(Colu		(Column 3)			ADDI-	ı		ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		<b>e</b>	X\$ 9	=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	DENIDENC	C 4134	-	X40	<b>-</b>		OR	X80=	
		INTATION OF MI	DETIPLE DE	PENDEN	CLAIM		+135	=		OR	+270=	
							TO ADDIT, I	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		2	X\$ 9	=		OR	X\$18=	
	Independent	•	Minus	***		=	X40:	_			X80=	
٩	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM					OR	700=	
	I the estry in colu	mn 1 is less than t	no ontry in col	uma 2 write	n W in oo	duma 2	+135			OR	+270=	
•••	If the "Highest Nu If the "Highest Nu	mber Previously Pa imber Previously P imber Previously Pa	aid For IN Th aid For IN Th	IIS SPACE I	is less that is less that	in 20, enter "20." an 3, enter "3."	ADDIT. F		oronriste ho	OR	TOTAL ADDIT. FEE	

**Application or Docket Number**